

| CLAIMS ONLY | | | | | | | Application Number 10612302 | Filing Date |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| | | | | | | | * May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | | |
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| 12 | X | | | | | | | |
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| 20 | | | | | | | | |
| 21 | X | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | X | | | | | | | |
| 25 | | | | | | | | |
| 26 | X | | | | | | | |
| 27 | | | | | | | | |
| 28 | X | | | | | | | |
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| 35 | X | | | | | | | |
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| 40 | X | | | | | | | |
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| 46 | X | | | | | | | |
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| Total Indep | | | | | | | | |
| Total Depend | | | | | | | | |
| Total Claims | | | | | | | | |